

Medicaid Purchase may be the answer to your needs!

What is Medicaid Purchase?

Louisiana’s Medicaid Purchase Plan is **AFFORDABLE** health coverage that’s available **ONLY** to workers with disabilities.

What are the benefits?

This plan gives full medical coverage that includes

prescription drugs

hospital care

doctor services

medical equipment & supplies

medical transportation

personal assistant services (PAS)

You may get PAS if you need help with activities of daily living, like eating and bathing, to find and keep a job.

How do I qualify?

To get health coverage through Medicaid Purchase, you **must**

- ❖ have a severe disability (one that matches Social Security standards);
- ❖ work;
- ❖ be at least age 16 but not yet age 65;
- ❖ have **countable** monthly income that is less than \$2328
- ❖ have **countable** assets that are less than \$25,000;
- ❖ take other health insurance coverage, if you can get it at no cost to you; **and**
- ❖ pay a premium when your **countable** monthly income is more than \$1397.

We will **count** less than half of the money you earn (work for) and all but \$20 of any other money you get.

Income limits go up each year in April.

What are assets?

Assets are things like:

- ❖ bank accounts;
- ❖ stocks, bonds, and other cash resources;
- ❖ cars, trucks, boats, and other vehicles;
- ❖ property, including heir or estate property; **and**
- ❖ anything else you own.

**GOOD NEWS!**  
Your home, one vehicle, any life insurance policies, medical savings and retirement accounts, and your spouse’s share of any community property **will not count** in this program.

How much will it cost me?

Your “premium” (what you pay each month) will be based on your **countable** income – not your age or health condition.

Countable Income	Monthly Premium
less than \$1397	\$0
\$1362 to \$1862	\$80
\$1816 to \$2328	\$110

How do I apply?

You just need to:

- ❖ fill out the attached form;
- ❖ get the information we need together; and
- ❖ mail or bring the form and information to us as soon as you can.

What information will you need from me?

You will need to give us your:

- ❖ Social Security number;
- ❖ proof of your total income for the last month;
- ❖ Medicare and any other health insurance card; **and**
- ❖ alien registration card or immigration papers, if you are not a U.S. citizen.

Send copies of as many of these items as soon as you can. **Do not wait** to send in the form. We can give you more time to give us any missing information after we get your application.



## What will happen then?

In most cases, we will decide if you qualify and let you know our decision within 45 days after we get your form. If you don't get Social Security benefits we will have to make a decision about your disability and it may take us up to 90 days.

## Who can I call to get help?

If you need help to fill out this form, call your local Medicaid office.

If you have questions or need more information about Medicaid Purchase, **call** us toll-free at 1+888+544-7996 or TTY 1+800+220-5404,



OR

visit us on-line at **[www.dhh.state.la.us](http://www.dhh.state.la.us)**.



Louisiana's Benefits Planning Assistance and Outreach (BPAO) project can help you understand how working could change your benefits. Call them toll-free at 1+888+942-8104 or TDD 1+504+942-5900, or send an e-mail to **[ssbenplan@lsuhsc.edu](mailto:ssbenplan@lsuhsc.edu)**.



The Protection and Advocacy for Beneficiaries of Social Security (PABSS) program can help with job-related advocacy and other support services. Call them toll-free (voice and TDD) at 1+800+960-7705.

## Can someone help me find a job?

If you get money from the Social Security Administration because of your disability, the Ticket to Work program can help. Call them toll-free at 1+866+968-7842 or TTY 1+866+833-2967. You can also get more information at **[www.yourtickettowork.com](http://www.yourtickettowork.com)**.



## What if I quit or lose my job?

You may be able to keep Medicaid Purchase coverage for up to 6 months, as long as you plan to go back to work.

## What are my rights?

If you think the decision we make is

- ✓ unfair,
  - ✓ incorrect, or
  - ✓ being made too late,
- you may ask for a Fair Hearing.



To ask for a hearing, call or write to your local Medicaid office and/or write directly to:

DHH Bureau of Appeals  
P. O. Box 4183  
Baton Rouge, LA 70821-4183

Louisiana's Medicaid Program is an equal opportunity program. You can't be treated differently because of your race, color, sex, age, disability, religion, nationality or political belief.

If you think we have treated you differently, call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1-800-368-1019, call or write to your local Medicaid office, and/or write directly to:

Department of Health & Hospitals  
P. O. Box 1349  
Baton Rouge, LA 70821-1349

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# Do you have a disability?

# Do you want to work, or to work more?

# Do you need healthcare coverage?



1-888-544-7996



For Agency Use Only

Request date (Application date)

Date mailed

Agency Rep

To protect your application date, we must receive this application by (for agency use only).

What language do you speak best? English Spanish Vietnamese Other (specify)  
What language do you write best? English Spanish Vietnamese Other (specify)

If you do not speak English we can get interpreter services to help at no cost to you. If you need help to fill out this form, call your local Medicaid office or call us toll free at 1+888+544-7996. If you are deaf or have hearing problems, call the TTY line toll free at 1+800+220-5404.

This application is to get healthcare coverage for persons with disabilities who work and who are at least age 16 but not yet age 65. If you want Medicaid for anyone else, check (✓) this . We will send you information about applying for other Medicaid coverage. Please fill out every item on this form. If an answer to a question is none or 0, write "none". If you need more space for any item, use a separate sheet.

1. Tell us who YOU are, where YOU live, and where YOU get your mail:

Name Parish

Home address City State Zip code

Mailing address City State Zip code

Home phone ( ) Daytime phone ( )

2. Tell us about yourself and your spouse. You do not have to give your spouse's Social Security number if he or she is not applying. If given, the number will only be used to verify assets. You do not have to give race information. If you choose to do so, use the following codes: 1=White; 2=Black; 3=American Indian/Alaskan; 4=Asian; 5=Hispanic/Latino; 6=Hawaiian/Pacific Islander; 7=Hispanic/Latino & Other; 8=Multi-Race, Not Hispanic; 9=Unknown

Name - first, middle initial, last	Social Security number	Date of birth			Sex M/F	Race	US citizen/ Legal alien		Louisiana resident		Relation to you
		Month	Day	Year			Yes	No	Yes	No	
											self
											spouse

3. Tell us about EACH job or business that you have. Show the amount of total or gross income before any deductions, not your take-home pay. (Send copies of pay check stubs or other proof of your earnings for last month. If you are self-employed, send copies of your most recent federal tax form with all schedule attachments. Send other proof if you do not have tax forms.)

Employer name, address & phone OR Self-employment information	Amount paid	How often do you get paid?	# of hours worked per week
	\$		
	\$		

4. Do you get any money like the kinds listed below? Yes No

\* Social Security

\* Retirement/Pensions/Annuities

\* Veteran's Benefits

\* Unemployment

\* Workman's Compensation

\* Interest/Dividends/Royalties

\* Money from friends or relatives

\* Any other not listed

(Show all money that you get and send proof of the income. You do not have to send proof of Social Security or Unemployment income.)

Income type	Source name, address, & phone	How much do you get?	How often do you get it?
		\$	
		\$	

Have you ever applied for money from any of these sources? Yes No If Yes, when and from which ones?

5. Do you have Medicare or other health insurance? Yes No If Yes, answer the following. (Send proof of coverage and premium payment.)

Insurance company name, address, & phone	Group/policy number	Monthly cost	Policy covers:		
			hospital	doctor	ambulance

Can you get health insurance from your employer? Yes No



6. Do **you**, or you **jointly** with your spouse, have any assets or resources like those listed below?  
☐ Yes ☐ No If **Yes**, give us the following information. (Send proof of ownership and value.)

Asset/Resource	Company name, address, & phone; Account number and/or description	Value	Amount owed
Checking/Savings accounts (type)		\$	
Certificates of Deposit		\$	
Retirement accounts		\$	
Annuities/Trusts		\$	
Stocks/Bonds		\$	
Vehicles (if more than one)		\$	\$
Property, other than your home		\$	\$
Other (please be specific)		\$	\$

7. Did you **ever** apply for or get Social Security Disability or Supplemental Security Income (SSI) benefits? ☐ Yes ☐ No If **Yes**, when? \_\_\_\_\_ Was a decision made? ☐ Yes ☐ No If **Yes**, what was the decision? \_\_\_\_\_

8. What is your disability? \_\_\_\_\_  
\_\_\_\_\_ Tell us about the doctors or other medical providers who care for you:

Provider's name(s)	Address & phone of this medical provider

9. Where did you find out about the Medicaid Purchase Plan? \_\_\_\_\_

Rights and Responsibilities

- ❖ I declare that I am a U.S. citizen or in this country legally.
- ❖ The information I gave on this form is true and correct to the best of my knowledge. I realize if I knowingly give information that is not true OR if I knowingly hold back information, I may get health benefits for which I am not eligible. If that happens, I can be lawfully punished for fraud. I may also have to pay Medicaid back for any medical bills which are paid incorrectly.
- ❖ I understand that the information I give about my situation will be checked. I agree to help do that, and to let Medicaid get information it needs from government agencies, employers, medical providers, and other sources. If I refuse to help with this process or in later reviews caused by reported changes, or as part of a Recipient Eligibility review, it will mean that I can't get Medicaid until I do help.
- ❖ I know that Social Security numbers will only be used to get information from other government agencies to prove my eligibility.
- ❖ I agree to tell Medicaid within 10 days if 1) I move out of state; 2) there are changes in where I live or get my mail; 3) there are any changes in other health insurance coverage; 4) there is any change in my work status.
- ❖ By accepting Medicaid, I agree that any medical payments received from other sources will be sent to the Department of Health and Hospitals for any services that were covered by Medicaid.
- ❖ I can ask for a Fair Hearing if I think the decision made on my case is unfair, incorrect or being made too late.
- ❖ Medicaid can't treat me differently because of my race, color, sex, age, disability, religion, nationality or political belief. If I think they have, I can call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1+800+368-1019 or write to Louisiana's Department of Health & Hospitals, Human Resources at P. O. Box 1349 Baton Rouge, LA 70821-1349.

Signature of Applicant or Authorized Representative

Signature of Agency Representative, if applicable

Date

Date

Department of Health and Hospitals  
Voter Registration Declaration (Optional)

If you fill it out, your answers will not affect the benefits you get from the  
*Louisiana Department of Health and Hospitals.*

If you are not registered to vote where you live now, would you like to apply to register to vote here today? ☐ Yes ☐ No

- If you checked "Yes," please complete the attached form called the "Louisiana Mail Voter Registration Application." You may mail your completed Voter Registration Application to your local Registrar of Voters listed on the application or mail it to the Department of Health and Hospitals.
- **IF YOU DO NOT CHECK EITHER BOX YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. **You may call us toll-free at 1-888-342-6207.** The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you choose to register to vote at this time, the information about the location where you completed the application to register will remain confidential and will only be used for voter registration purposes. If you choose not to register to vote, that information will also be kept confidential.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

Louisiana Secretary of State  
Commissioner of Elections  
P.O. Box 94125  
Baton Rouge, LA 70804-9125  
Phone: (toll-free) 1-800-883-2805

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sign Your Name

\_\_\_\_\_  
Today's Date

**ACADIA**

Courthouse #115  
Crowley, LA 70526-4363  
(337) 788-8841  
**ALLEN**  
P. O. Box 150  
Oberlin, LA 70655-0150  
(337) 639-4966

**ASCENSION**

828 S. Irma Blvd. #205  
Gonzales, LA 70737-3631  
(225) 621-5780

**ASSUMPTION**

P. O. Box 578  
Napoleonville, LA 70390-0578  
(985) 369-7347

**AVOYELLES**

312 N. Main St. #E  
Marksville, LA 71351-2409  
(318) 253-7129

**BEAUREGARD**

P. O. Box 952  
DeRidder, LA 70634-0952  
(337) 463-7955

**BIENVILLE**

P. O. Box 697  
Arcadia, LA 71001-0697  
(318) 263-7407

**BOSSIER**

P. O. Box 635  
Benton, LA 71006-0635  
(318) 965-2301

**CADDO**

P.O. Box 1253  
Shreveport, LA 71153-1253  
(318)226-6891

**CALCASIEU**

1000 Ryan St. #7  
Lake Charles, LA 70601-5250  
(337)437-3572

**CALDWELL**

P. O. Box 1107  
Columbia, LA 71418-1107  
(318) 649-7364

**CAMERON**

P. O. Box 1  
Cameron, LA 70631-0001  
(337) 775-5493  
**CATAHOULA**  
P. O. Box 215  
Harrisonburg, LA 71340-0215  
(318) 744-5745

**CLAIBORNE**

507 W. Main Suite 1  
Homer, LA 71040-3914  
(318) 927-3332

**CONCORDIA**

4001 Carter St. #4  
Vidalia, LA 71373-3021  
(318) 3367770

**DESOTO**

105 Franklin St.  
Mansfield, LA 71052-2046  
(318) 872-1149

**E. BATON ROUGE**

222 St. Louis #201  
Baton Rouge, LA 70802-5860  
(225) 389-3940

**E. CARROLL**

P. O. Box 708  
Lake Providence, LA 71254-0708  
(318) 559-2015

**E. FELICIANA**

P. O. Box 488  
Clinton, LA 70722-0488  
(225) 683-3105

**EVANGELINE**

200 Court St. Ste. 102  
Ville Platte, LA 70586-4463  
(337) 363-5538

**FRANKLIN**

Courthouse  
6560 Main St.  
Winnsboro, LA 71295-2750  
(318) 4354489

**GRANT**

Courthouse  
200 Main St.  
Colfax, LA 71417-1828  
(318) 627-9938

**IBERIA**

300 S. Iberia St. #110  
New Iberia, LA 70560-4543  
(337) 369-4407

**IBERVILLE**

P. O. Box 554  
Plaquemine, LA 70765-0554  
(225) 687-5201

**JACKSON**

500 E. Court St. #102  
Jonesboro, LA 71251-3400  
(318) 259-2486

**JEFFERSON**

P. O. Box 10494  
Jefferson, LA 70181-0494  
(504) 736-6191

**JEFFERSON DAVIS**

302 N. Cutting Ave.  
Jennings, LA 7054-65361  
(337) 824-0834

**LAFAYETTE**

1010 Lafayette #313  
Lafayette, LA 70501-6885  
(337) 291-7140

**LAFOURCHE**

307 W. 4th St. #101  
Thibodaux, LA 70301-3105  
(985) 447-3256

**LASALLE**

P. O. Box 2439  
Jena, LA 71342-2439  
(318) 992-2254

**LINCOLN**

100 W. Texas Ave.  
Ruston, LA 71270-4463  
(318) 251-5110

**LIVINGSTON**

P. O. Box 968  
Livingston, LA 707540968  
(225) 686-3054

**MADISON**

100 N. Cedar St.  
Tallulah, LA 71282-3892  
(318) 574-2193

**MOREHOUSE**

129 N. Franklin  
Bastrop, LA 71220-3815  
(318) 281-1434

**NATCHITOCHES**

P. O. Box 677  
Natchitoches, LA 71458-0677  
(318) 357-2211

**ORLEANS**

1300 Perdido #1W23  
New Orleans, LA 70112-2127  
(504) 658-8300

**OUACHITA**

122 St John St #114  
Monroe, LA 71201-7342  
(318) 3271436

**PLAQUEMINES**

P. O. Box 989  
Port Sulphur, LA 70083-0989  
(504) 564-6957

**POINTE COUPEE**

211 E. Main St.  
New Roads, LA 70760-3661  
(225) 638-5537

**RAPIDES**

701 Murray St.  
Alexandria, LA 71301-8099  
(318) 473-6770

**RED RIVER**

P. O. Box 432  
Coushatta, LA 71019-0432  
(318) 932-5027

**RICHLAND**

P. O. Box 368  
Rayville, LA 71269-0368  
(318) 728-3582

**SABINE**

400 Capitol St. #107  
Many, LA 71449-3099  
(318) 256-3697

**ST. BERNARD**

8201 W. Judge Perez Rm. 104  
Chalmette, LA 70043-1696  
(504) 278-4231

**ST. CHARLES**

P. O. Box 315  
Hahnville, LA 70057-0315  
(985) 783-2731

**ST. HELENA**

P. O. Box 543  
Greensburg, LA 70441-0543  
(225) 222-4440

**ST. JAMES**

P. O. Box 179  
Convent, LA 70723-0179  
(225) 562-2330

**ST. JOHN**

1801 W. Airline Hwy  
LaPlace, LA 70068-3344  
(985) 652-9797

**ST. LANDRY**

P. O. Box 818  
Opelousas, LA 70571-0818  
(337) 948-0572

**ST. MARTIN**

Courthouse  
415 S. Martin St.  
St. Martinville, LA 70582-4549  
(337) 394-2204

**ST. MARY**

500 Main St. #301  
Franklin, LA 70538-6144  
(337) 828-4100

**ST. TAMMANY**

701 N. Columbia St.  
Covington, LA 70433-2709  
(985) 809-5500

**TANGIPAHOA**

P. O. Box 895  
Amite, LA 70422-0895  
(985) 748-3215

**TENSAS**

P. O. Box 183  
St. Joseph, LA 71366-0183  
(318) 766-3931

**TERREBONNE**

P. O. Box 9189  
Houma, LA 70361-9189  
(985) 873-6533

**UNION**

P. O. Box 235  
Farmerville, LA 71241-0235  
(318) 368-8660

**VERMILION**

100 N. State St. #120  
Abbeville, LA 70510  
(337) 898-4324

**VERNON**

P. O. Box 626  
Leesville, LA 71496-0626  
(337) 239-3690

**WASHINGTON**

Courthouse Bldg.  
900 Washington St.  
Franklinton, LA 70438  
(985) 839-7850

**WEBSTER**

P. O. Box 674  
Minden, LA 71058-0674  
(318) 377-9272

**W. BATON ROUGE**

P. O. Box 31  
Port Allen, LA 70767-0031  
(225) 336-2421

**W. CARROLL**

P. O. Box 71  
Oak Grove, LA 71263-0071  
(318) 428-2381

**W. FELICIANA**

P. O. Box 2490  
St. Francisville, LA 70775-2490  
(225) 635-6161

**WINN**

Courthouse Room 105  
Winnfield, LA 71483-3238  
(318) 628-6133

**OFFICIAL USE ONLY**

**Address Change**

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**Name Change**

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**Party Change**

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**Remarks**

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**Circle One: PA MV RG SDA SS**

**Received by:\_\_\_\_\_**

**PLACE IN AN ENVELOPE AND MAIL TO YOUR  
REGISTRAR OF VOTERS**

USE THIS FORM TO: 1) register to vote 2) change your address 3) request a name change 4) change party affiliation

**TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST:** 1) be a United States citizen 2) be at least 17 years old to register but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 4) not be under a judgment of full interdiction or limited interdiction where your right to vote has been suspended 5) reside in the state and parish in which you seek to register and vote.

**INSTRUCTIONS FOR COMPLETING THIS FORM:** All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

**Box 1:** Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before election day.

**Box 2:** Provide full name. Do not use initials for middle or maiden name.

**Box 3:** 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' only if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

**Box 4:** Provide your age.

**Boxes 6 & 14:** You must provide your Louisiana driver's license number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a Louisiana driver's license number has been issued, and this form is submitted by mail, and you are registering to vote for the first time, in order to avoid additional identification requirements for first time voters, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

**Boxes 8, 12 & 13:** The items 'race/ethnic origin', 'home phone' and 'daytime phone' are not required but are helpful.

**Box 9:** If you do not complete this item, your party affiliation will be listed as 'none', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'none'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

**Box 18:** If you are using this form to request a change of name, you must print the name to be changed here.

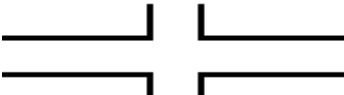
**Box 19:** Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

**NOTE:** 1. If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

**QUESTIONS?** Call your Parish Registrar of Voters OR call the Department of State at 1-800-883-2805 or (225) 922-0900.

**COMPLETE AND CHECK ALL APPLICABLE BOXES AND TEAR ALONG PERFORATED LINE BEFORE MAILING.**

<b>LOUISIANA MAIL VOTER REGISTRATION APPLICATION FORM #04</b>				<b>OFFICIAL USE ONLY</b> COMP REG # _____ Reg Type _____ Wd/ Dist _____ Pct _____ In _____ Out _____			
1 Are you a citizen of the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/> Will you be 18 years of age on or before election day YES <input type="checkbox"/> NO <input type="checkbox"/> If you checked no in response to either of these questions, DO NOT COMPLETE THIS FORM.							
2 NAME OF APPLICANT (PLEASE PRINT NAME) LAST _____ First _____ FULL MIDDLE OR MAIDEN _____				<b>GIVE LOCATION</b> 			
3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY) HOUSE OR APT. NO. & STREET _____ CITY OR TOWN _____ STATE _____ ZIP _____							
IF NO mail delivery to residential address, check here: ( ) _____ MAILING ADDRESS IF DIFFERENT _____							
4 AGE _____	5 DATE OF BIRTH MONTH _____ DAY _____ YEAR _____		6 * SOCIAL SECURITY # (CIRCLE ONE) NO _____ YES # _____	7 SEX (CIRCLE ONE) MALE _____ FEMALE _____		8 ** RACE/ ETHNIC ORIGIN (CIRCLE ONE) WHITE _____ BLACK _____ ASIAN _____ HISPANIC _____ AMER. INDIAN _____ OTHER: _____	
9 PARTY AFFILIATION (CIRCLE ONE) DEM GRN LBT RFM REP NONE OTHER (SPECIFY) _____			10 APPLICANTS'S PLACE OF BIRTH CITY OR TOWN _____ PARISH OR COUNTY _____ STATE _____ COUNTRY _____			11 MOTHERS MAIDEN NAME _____	
12 ** HOME PHONE _____			13 ** DAYTIME PHONE _____		14 LA DRIVERS LICENSE / I.D. # (CIRCLE ONE) NO _____ YES # _____		15 Will you require assistance at the polls? (CIRCLE ONE) NO YES IF YES, GIVE REASON _____
16 LAST RESIDENCE ADDRESS ADDRESS _____			17 PLACE OF REGISTRATION PARISH OR COUNTY _____ STATE _____		18 FOMER REGISTERED NAME, IF APPLICABLE _____		
<b>AFFIRMATION :</b> I do hereby solemnly swear or affirm that I am a United States citizen, that I am at least 17 years old, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$1,000 (\$2,500 for subsequent offense) or imprisonment for not more than 1 year.							
19 SIGN YOUR NAME IN BOX AT RIGHT DATE: _____ / _____ / _____							
20 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE WITNESS SIGNATURE _____ WITNESS SIGNATURE _____							
* Last 4 digits of the social security number required if no LA driver's license issued; social security number is intended to be used for voter registration purposes only Full # Optional ** OPTIONAL LR-1M (REV. 1/11, 7/11) R.S. 18:104 FORM #04							